

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: Jul 15 2020

**Abraham Gross**

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

20 CV 4340(CBD) ) ( )

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

THE CITY OF NEW YORK, LOUISE CARROLL, ANNA-MARIE HENDRICKSON, MARAGERET BROWN, BABBA HALM, VICTOR HERNANDEZ, SHATARA PELL, EDWIN LUGO, NIDIA DORMI, GABRIEL MOMBRUN, HAROLD WEINBERG, NICK LUNDGREN, SAMANTHA SCHONFELD, JAMES E. JOHNSON, HELEN ROSENTHAL, BREAKING GROUND, JEANNE-MARIE WILLIAMS, BRENDA ROSEN, TERRESA PALMIERI, VANESSA CUCURULO, STEPHANIE LABARTA and TRAVIS FONG.

(full name(s) of the defendant(s)/respondent(s))

***Application to Appeal Order of the Court dated July 09, 2020, to the 2nd Circuit  
Court of Appeals In Forma Pauperis***

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: Currently, PUA/UNEMPLOYMENT only.

If "no," what was your last date of employment? March 22, 2020

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment ☒ Yes ☐ No  
(b) Rent payments, interest, or dividends ☐ Yes ☒ No

- |   |   |  |
|---|---|--|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (g) Any other sources   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

**\$15,000 annual sales from sales and consignment of art and other items.**

If you answered "No" to all of the questions above, explain how you are paying your expenses:

**Due to the pandemic, I am solely surviving from PAU and from credit cards and loans.**

4. How much money do you have in cash or in a checking, savings, or inmate account?

**\$7,249 thanks to back pay of PAU- my shelter has also pledged to cover the first three months of rent**

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

**No, 0.**

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

**\$1550 approximate monthly expenses**

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

**approx \$10,000 in credit card debt**

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

**07/15/20**

Dated



Signature

**Abraham Gross**

Name (Last, First, MI)

Prison Identification # (if incarcerated)

**C/o Horwitz 40 W 77 #10C , NY, NY, 10024**

Address

City

State

Zip Code

**917 673 1848**

**agross2@gmail.com**

Telephone Number

E-mail Address (if available)

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

**Abraham Gross**

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(List the full name(s) of the plaintiff(s)/petitioner(s).)

**20 CV 4340 (GBD )**

-against-

**NOTICE OF APPEAL**

**City of New York Et. al**

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(List the full name(s) of the defendant(s)/respondent(s).)

Notice is hereby given that the following parties: **Abraham Gross**

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(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the ☐ judgment ☒ order entered on: **07/09/20**

(date that judgment or order was entered on docket)

that: **Denied Plaintiff's request for a preliminary injunction. The order does address Plaintiff's request for a fair hearing before Def. actions render this proceeding moot, nor does the order address Plaintiff's request for a fair hearing in light Def. admission they rejected 99.9% of the applicants, yet still granted dozens of apartments egregiously-unqualified applicants, nor does the order address Plaintiff's request for a hearing in light of clear and convincing evidence Defendants have corrupted the judicial process, nor does the order take into consideration- respectfully- the Court's an unbearable conflict of interest which reasonably calls into question its impartiality.**

(If the appeal is from an order, provide a brief description above of the decision in the order.)

**07/15/20**

Dated

  
Signature\*

**Abraham Gross**

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Name (Last, First, MI)

**40 W 77 # 10C , NY ,NY, 10024**

**10024**

Address

City

State

Zip Code

**917 673 1848**

Telephone Number

**agross2@gmail.com**

E-mail Address (if available)

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\* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.